## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P. O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (57)-1273-2885

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INSTRUCTIONS: This, for appropriate. All further ed indicated unless corrected maintenance fee notification	orm should be used to prespondence including below or directed of the state of the	or transmit ig the Pate nerwise in I	ting the ISSI nt, advance o Block 1, by (						ould be completed where correspondence address as rate "FEE ADDRESS" for	
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5514 7	590 05/14	/2009								
FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112						Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
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APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/519,748	10/519,748 12/29/2004			Akihiro Matsuda	Akihiro Matsuda 03933.000200 9204				9204	
TITLE OF INVENTION: I	INTERNALLY ILLU!	MINATED	SIGN							
APPLN, TYPE	SMALL ENTITY	ISSUE	FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nprovisional NO		1510	\$300	\$0			\$1810	08/14/2009	
EXAMIN	EXAMINER		UNIT	CLASS-SUBCLASS	S					
SILBERMANN	SILBERMANN, JOANNE		3611 040-54							
CFR I.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Fee Address' indication (or "Fee Address' Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				1. To pranting or use pairs rivon page, 100 (1) the name of up to 3 registering patient attorneys (2) the name of a single firm (having as a member a registered attorney or agen) and the names of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed.						
(A) NAME OF ASSIGN	is an assignce is ident in 37 CFR 3.11. Comp	ified below pletion of th	, no assignee is form is NC		the pa g an a CITY	tent. If an assign assignment. and STATE OR C			cument has been filed for	
Please check the appropriat	te assignee category or	categories	(will not be p	rinted on the patent):		Individual 🖾 Co	orporati	ion or other private gro	up entity Government	
4a. The following fee(s) are submitted:  2a Issue Fee  2b Issue Fee  2b Publication Fee (No small entity discount permitted)  2a Advance Order - # of Copies5				B. Psyment of Fec(s): (Please first reapply any previously paid issue fee shown above)   A depository account payment of \$1825.00 is being paid herewith.   Psyment by credit card. From PTO/2038 is attacked.   A psyment by credit card. From PTO/2038 is attacked.   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number06_1205 (enclose are stora copy of this form).						
5. Change in Entity Statu			SD 1 27	□ h. A multicount is no	o long	or claiming SMA)	I EN	FITY status. See 37 CF	R 1 27(e)(2)	
NOTE: The Issue Fee and I										
	Authorized Signature /Lawrence S. Perry/							7, 2009		
Typed or printed name Lawrence S. Perry						Registration N		31865		
This collection of informat an application. Confidentia submitting the completed s this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313 Lindor the Papartmeth Pedit	ion is required by 37 C dity is governed by 35 application form to the is for reducing this bu ginia 22313-1450. DO 1-1450.	U.S.C. 122 U.S.C. 122 USPTO. 7 rden, should NOT SEN	The informati and 37 CFR ime will vari be sent to the D FEES OR required to m	on is required to obtain  1.14. This collection  y depending upon the  the Chief Information C  COMPLETED FORM  spond to a collection of	n or re is esti indivi officer is TO	etain a benefit by t mated to take 12 i dual case. Any co r, U.S. Patent and THIS ADDRESS	he pub ninutes mment Traden S. SENI	lic which is to file (and to complete, including is on the amount of tim nark Office, U.S. Depa D TO: Commissioner for s a valid OMB control	by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450, number.	